

Information & Education Program

Project Collaborative Roster

Name of Applicant Agency: _____

Name and Address Of Collaborator	Type of Agreement (Check one)				Family PACT Provider	AFLP Sibling	Paid Subcontractor
	Letter Commitment	School	MOU	Other			
Collaborator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Collaborator's Duties Supporting SOW:						
Collaborator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Collaborator's Duties Supporting SOW:						
Collaborator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Collaborator's Duties Supporting SOW:						

Instructions:

1. List name/address of collaborator(s).
2. Indicate the type of agreement for each collaborator (attach a copy of the agreement to the roster).
3. Indicate if the collaborator is an alliance or partnership.
4. Indicate if the collaborator is a Family PACT Provider.
5. Indicate if the collaborator is an AFLP/Sibling Program.
6. Indicate if the collaborator is a paid subcontractor.
7. In the space allotted, describe in one or two sentences the collaborator's duties as they related to specific Scope of Work (SOW) strategies.